



SCHIFF HARDIN LLP

PATENT DEPARTMENT

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CHICAGO, ILLINOIS 60606

ATTY. DOCKET: P03,0273-01

ITW

In re application of: Fischer et al

Serial No.: 10/636,048

Filed: August 7, 2003

For: "HEARING AID DEVICE WITH AUTOMATIC SITUATION RECOGNITION" CONFIRMATION NO.: 1026

AMENDMENT D

Commissioner for Patents
 PO Box 1450
 Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | | |
|---|--|-------|--|-------------------------|---|--|-----|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE | |
| TOTAL CLAIMS | *13 | MINUS | **20 | 0 X | () X 25.00 () X 50.00 | | |
| INDEP. CLAIMS | *5 | MINUS | 5 | 0 X | () X 100.00 () X 200.00 | | |
| Application amended to contain any multiple dependent claims not previously paid for. | | | | | () YES () NO | () \$180.00 () \$360.00 ONE TIME | |
| | | | | | | | -0- |
| | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

A check in the amount of \$_____ is attached.

A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5779.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Mark Bergner (45,877)
 Mark Bergner – Attorney for Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on December 26, 2006

Mark Bergner



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT D

APPLICANT: Eghart FISCHER, et al. DOCKET NO: P03,0273-01
SERIAL NO.: 10/636,048 ART UNIT: 2615
FILED: August 7, 2003 EXAMINER: Dabney, Phylesha Larvinia
CONF. NO.: 1026
TITLE: HEARING AID DEVICE WITH AUTOMATIC SITUATION RECOGNITION

5 Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

10 In response to the Office Action dated September 28, 2006 ("OA"), please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.